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To:

NAME:	FACSIMILE:	TELEPHONE:
U.S. Patent and Trademark Office ATTN: MS APPEAL BRIEF	(571) 273-8300	

FROM: Peter J. Yim  
Reg. 44,417

DATE: August 13, 2007

Number of pages with cover page:	18	
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PJY1/8566

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**Comments:**

**PLEASE PROCESS THE ATTACHED.**

Re: U.S. Patent Application No. 10/608,300  
For: OPTICAL METROLOGY OF STRUCTURES FORMED  
ON SEMICONDUCTOR WAFERS USING  
MACHINE LEARNING SYSTEMS  
By: Srinivas DODDI et al.  
Our reference: 50998-20055.00

Attached is the following:

1. Transmittal (1 page)
2. Fee Transmittal (in duplicate, 2 pages)
3. Reply Brief (13 pages)
4. Request for Oral Hearing (1 page)

sf-2118698

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PTO/SB/21 (08-04)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/608,300
		Filing Date	June 27, 2003
		First Named Inventor	Srinivas DODDI
		Art Unit	2121
		Examiner Name	N. Brown
Total Number of Pages in This Submission	17	Attorney Docket Number	509982005600

### ENCLOSURES (Check all that apply)

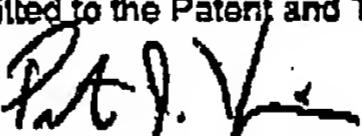
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pages)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Reply Brief) (13 pages)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Request for Oral Hearing (1 page)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	2. Facsimile Cover Sheet (not counted as part of this submission)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Peter J. Yim		
Date	August 13, 2007	Reg. No.	44,417

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: August 13, 2007

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PTO/SB/17 (07-07)

Approved for use through 08/30/2010. OMB 0651-0032  
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<b>Effective on 12/02/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete If Known</b>	
		Application Number	10/608,300
		Filing Date	June 27, 2003
		First Named Inventor	Srinivas DODDI
		Examiner Name	N. Brown
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2121
TOTAL AMOUNT OF PAYMENT	(\$)	1,000	Attorney Docket No.

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):	_____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number	03-1952	Deposit Account Name:	Morrison & Foerster LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments			

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<u>Fee Description</u>							
Each claim over 20 (including Reissues) <u>Fee (\$)</u> 50 <u>Fee (\$)</u> 25							
Each independent claim over 3 (including Reissues) <u>Fee (\$)</u> 200 <u>Fee (\$)</u> 100							
Multiple dependent claims <u>Fee (\$)</u> 360 <u>Fee (\$)</u> 180							
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
29 - 22 = 0 x 50 = 0.00							
HP = highest number of total claims paid for, if greater than 20.							
<u>Independent Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
3 - 3 = 0 x 200 = 0.00							
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
- 100 = /50 = (round up to a whole number) x _____ = _____							
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>1403 Request for Oral Hearing</u> <u>Fee (\$)</u> 1,000.00							

<b>SUBMITTED BY</b>					
Signature			Registration No. (Attorney/Agent)	44,417	Telephone (415) 268-6373
Name (Print/Type)	Peter J. Yim		Date	August 13, 2007	

sf-2371730